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FYI

ADDA		4 FEB 1986
DDA		4 FEB 1986

STAT

(DDA Registry for File)

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ROUTING AND TRANSMITTAL SLIP

Date

4 FEB 1986

TO: (Name, office symbol, room number,
building, Agency/Post)

Initials

Date

1. DIRECTOR OF TRAINING AND EDUCATION

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

#1 - FOR ACTION AS APPROPRIATE.

DO NOT use this form as a RECORD of approvals, concurrences, disposals,
clearances, and similar actions

FROM: (Name, office symbol, Agency/Post)

Room No.—Bldg.

EO/DDA 7D18 HQ0

Phone No.

5041-102

- US GPO: 1983-421-529/320

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206EXECUTIVE SECRETARIAT
ROUTING SLIP

TO:

		ACTION	INFO	DATE	INITIAL
1	DCI		X		
2	DDCI		X		
3	EXDIR		X		
4	D/ICS				
5	DDI				
6	DDA	X			
7	DDO				
8	DDS&T				
9	Chm/NIC				
10	GC				
11	IG				
12	Compt				
13	D/OLL				
14	D/PAO		X		
15	D/PERS				
16	VC/NIC				
17	D/OTE		X		
18					
19					
20					
21					
22					

SUSPENSE

Date

Remarks

Executive Secretary

3 Feb 86

Date

3637 (10-81)

STAT

STAT

Houston, Texas
77058

Executive Registry

86-0427x

Reply to Attn of:

CB-1-75

JAN 27 1976



Mr. William J. Casey
Director
Central Intelligence Agency
Washington, DC 20505

Subject: Confirmation of Astronaut Sally Ride to Serve as Speaker for
the Central Intelligence Agency at Washington, DC, Contingent on
the Conditions Stated Below

Dear Mr. Casey:

Barring any operational commitments or mission priorities, the above named astronaut will be pleased to join you. We will contact you to arrange a mutually acceptable date. Astronauts enjoy the opportunity to speak to the public about NASA's ongoing and future activities in space, and we like to honor as many requests as possible for astronaut speakers. As with any research and development organization, however, NASA is subject to unanticipated schedule revisions which may affect astronaut public appearances.

For this reason, astronaut public appearances must be made with the understanding that arrangements are conditional, and subject to cancellation, as a function of Shuttle program requirements. We believe you will share with us in the conviction that NASA's first priority must be to mission success.

Your offer to reimburse for expenses associated with this appearance is appreciated, and someone from this office will contact you soon to discuss the details.

Biographical information is enclosed for publicity purposes. If you have any questions concerning the appearance, please contact the Astronaut Appearances Office at (713) 483-2629.

Sincerely,

William F. Fisher, M.D.
Chief, Astronaut Appearances
Astronaut Office

Enclosure

Page Denied

Next 1 Page(s) In Document Denied

Kiki Chaput
CB/Astronaut Appearance Office
NASA Johnson Space Center
Houston , TX 77058
Phone: (713) 483-2629

REGARDING ASTRONAUT : _____

1. PRIMARY EVENTS AND PROPOSED SCHEDULE

Name or Title	Location of Event(s)	Date	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Type of Event: National	()	Annual	() Luncheon
Regional	()	Monthly	() Dinner
State	()	Other	() Other
Local	()		

2. SPEECH (Must be space related)

Topic Desired: _____ General: ()

Specific: () _____

Suggested Length: _____

Question and Answer Session: Yes () No ()

3. EQUIPMENT AVAILABLE

Public Address System	()	*Slide Projector (35mm)	()
Lavalier or Lapel Microphone	()	and Carousel	()
Lectern	()	Screen (overhead or regular)	()
*Motion Picture Projector (16mm)	()	*Qualified Projectionist	()

*If event is being held in a facility which does not have a stage, please arrange for darkening the room and locating the projection equipment to insure that the audience has maximum view of movie and/or slides as well as the speaker.

4. AUDIENCE

Anticipated Size _____ Composition (business, general public, other) _____

5. PUBLICITY

Event open to the press	Yes	()	No	()
Press conference to be scheduled	Yes	()	No	()
Speech to be broadcast.	Yes	()	No	()
Any media interest in speaker	Yes	()	No	()

7. CONTACT REPRESENTATIVE

Name and Title

Address

Work Phone

Home Phone

8. DIGNITARIES EXPECTED

9. RESTRICTIONS

Will any person for reason of race, religion, sex, or creed be excluded from or segregated within membership in sponsoring organization, attendance at this event, or any of the facilities housing this event?

Yes ()

No ()

10. ACCOMMODATIONS

Recommended place for lodging or place where reservations have been made for the astronaut(s). Please give name of hotel, address, phone, and rate.

11. TRANSPORTATION

Nearest commercial airport

Nearest military airport

12. COMMENTS OR INFORMATION NOT COVERED ABOVE:

Date: _____